

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

- ☒ COVERING JANUARY 1 - JUNE 30, 2007 - DUE AUGUST 15
☐ COVERING JANUARY 1 - DECEMBER 31, _____ - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Fax to: (225)763-8787 or (225)763-8780

313
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 7/19/07
MDD
E-ER2

3070128

SCANNED

JUL 27 2007

By: cm

1. Name PILE NICHOLAS A
Last First MI

2. Business Address: P.O. Box 25001 WASHINGTON DC 20007
Street and No. City State Zip

Mailing Address: _____

3. Business Phone 202.333.8190
Area Code and Telephone Number

Missing numbered pages were
blank and had no information
on them.

4. Total of all executive lobbying expenditures made January 1 through June 30:
(Include expenditures from Schedules A and B) \$ 0

5. Total of all executive lobbying expenditures made July 1 through December 31:
(When Applicable) (Include expenditures from Schedules A and B) \$ _____

6. Total of all executive lobbying expenditures made during calendar year:
(Line 4 added to Line 5 should equal Line 6) \$ 0

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☐ NA ☒

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☐ NA ☒

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes ☐ No ☒

If the answer to Number 9 above is YES, complete Schedule B and attach.

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EXECUTIVE LOBBYING EXPENDITURE REPORT

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10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department: Dept of Health - Wic Program
- b. Total of all expenditures made January 1 through June 30: \$ 0
- c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 0

- 2) a. Name of Department: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

- 3) a. Name of Department: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

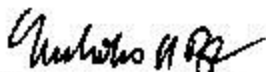
11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: NONE
- b. Total of all expenditures made January 1 through June 30: \$ 0
- c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 0

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist